

**DISPOSITION OF REMAINS STATEMENT**

For use of this form, see AR 638-2; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10 USC, Sections 1481 through 1488; EO 9397.  
**PRINCIPAL PURPOSE:** To record disposition of remains desired by the person authorized to direct disposition of remains (PADD).  
**ROUTINE USES:** By Department of Army to enable PADD to apply for authorized benefits.  
**DISCLOSURE:** Disclosure of requested information is voluntary; however, if not provided, benefits cannot be provided.

1. NAME OF DECEASED ( <i>Last, First, Middle Initial</i> )	2. RANK OF DECEASED	3. SSN OR SERVICE NUMBER OF DECEASED
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4. NAME AND ADDRESS OF PADD	5. RELATIONSHIP TO DECEASED
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**6. DESIRED DISPOSITION OF REMAINS (*Check and initial appropriate option*)**

<b>OPTION 1</b> <input type="checkbox"/>  _____ (Initials)	The remains be prepared, dressed, casketed and transported to the funeral home named below with subsequent interment in a civilian cemetery. NAME AND ADDRESS OF FUNERAL HOME AND, IF KNOWN, CIVILIAN CEMETERY:  MY CHOICE OF CASKET IS: ( <i>Select one</i> ) <input type="checkbox"/> METAL <input type="checkbox"/> WOOD Reimbursement for interment expenses not to exceed \$ _____
<b>OPTION 2</b> <input type="checkbox"/>  _____ (Initials)	The remains be prepared, dressed, casketed and transported to the funeral home named below with subsequent interment in a Government cemetery. NAME AND ADDRESS OF FUNERAL HOME AND GOVERNMENT CEMETERY:  MY CHOICE OF CASKET IS: ( <i>Select one</i> ) <input type="checkbox"/> METAL <input type="checkbox"/> WOOD Reimbursement for interment expenses not to exceed \$ _____
<b>OPTION 3</b> <input type="checkbox"/>  _____ (Initials)	The remains be prepared, dressed, casketed and transported direct to Government cemetery named below. NAME AND ADDRESS OF GOVERNMENT CEMETERY:  MY CHOICE OF CASKET IS: ( <i>Select one</i> ) <input type="checkbox"/> METAL <input type="checkbox"/> WOOD Reimbursement for interment expenses not to exceed \$ _____
<b>OPTION 4</b> <input type="checkbox"/>  _____ (Initials)	I desire the remains be cremated. I authorize the U.S. Army to act as my agent in arranging the cremation. I certify that I have the legal right to make this authorization and agree that I will hold the U.S. Army, my agent, harmless against any liability on account of cremation. I also request that the inurned cremated remains be escorted by a military escort to: (NAME AND ADDRESS OF FUNERAL HOME AND/OR CEMETERY)  MY CHOICE OF URN IS: ( <i>Select one</i> ) <input type="checkbox"/> BRONZE <input type="checkbox"/> WOOD Reimbursement for interment expenses not to exceed amounts in options 1, 2, & 3 depending on interment in civilian or government cemetery and use of funeral home or direct consignment to government cemetery.
<b>OPTION 5</b> <input type="checkbox"/>  _____ (Initials)	I desire to make all arrangements. Release remains to the following funeral home. NAME AND ADDRESS OF FUNERAL HOME:  Reimbursement for casket, preparation of remains, and interment in a private cemetery \$ _____. Reimbursement for casket, preparation of remains, and interment in a government cemetery \$ _____. Reimbursement of transportation charges for transportation of remains not to exceed amount it would have cost the Government to transport the remains.
<b>OPTION 6</b> <input type="checkbox"/>  _____ (Initials)	I, the undersigned, having the paramount right and responsibility to direct the disposition of the remains, HEREBY RELINQUISH MY RIGHTS to direct the disposition of the remains. I understand that the right to direct disposition of the remains will pass to the next person in order of precedence. I also certify that I have the legal right to make this authorization and release the U.S. Army, its officers, agents and employees from any and all liability which may arise from this relinquishment.

<b>7. AUTHORIZATION:</b> I, the undersigned, authorize the release of remains and desire disposition to be effected as indicated above.	a. DATE (YYYYMMDD)
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b. TYPED OR PRINTED NAME OF WITNESS	d. TYPED OR PRINTED NAME OF PADD
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c. SIGNATURE OF WITNESS	e. SIGNATURE OF PADD
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